Attachment I

Residentially Based Services (RBS) Reform Project
County Annual Report

Demonstration Site:	**Reporting Period: 1/1/13-12/31/13**
San Francisco	**Calendar Year 2013**
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Instructions: Pursuant to the legislative requirements for implementing RBS, each county participating in the RBS Demonstration Project shall prepare and submit an annual report. The report is to be developed in collaboration with the private nonprofit agency(ies) participating in the demonstration project. This County Annual Report (CAR) is to be prepared by the county as a single, comprehensive report for the reporting period. The report is prepared for each calendar year in which the RBS Reform Project is in operation and submitted by March 1 of the following year to the California Department of Social Services (CDSS) at RBSreform@dss.ca.gov.

Section A - Client Outcomes:

1. Complete the table below on the characteristics of the target population served in this reporting period.

Total Number Of Youth:	Average Age Of Youth:	Number Of Youth Who Are:	Number Of Youth Who Are:	Number Of Youth Placed By:
45	15	Male: 29 Female: 16	African-American: 25 Asian: 1 Caucasian: 5 Hispanic: 11 Other: 3	Probation: 0 Child Welfare: 45 Mental Health: 0 Other: N/A

2. Complete and attach one excel document titled, "RBS Days of Care Schedule" for each RBS provider listing information for each youth enrolled in RBS since implementation of the project. This document captures information on the total days in care in residential, community-based bridge care, after-care and crisis stabilization, beginning with the youth's initial enrollment in RBS.

a. For those youth who were both active in RBS during the reporting period and enrolled in RBS long enough to meet or exceed the approved site target for average length of stay in group home residential placement, what percent exceeded the site target for average length of stay in group home residential placement and by an average of how many days?

51% (23 youth out of the 45 served exceeded the target residential stay in RBS of 5.5 months). These youth exceeded the target stay by an average of 173.7 days (total days = 3996 divided by 23 youth).

b. For those youth who exited (for any reason) from the RBS program during the reporting period, what percent exceeded the approved site target for average length of stay in the full RBS program (residential plus community) and by an average of how many days?

There were a total of 22 exits from the RBS program. Of these, five youth (22.7%) stayed more than 24 months.

The average number of days is 74 (370 total days remaining in the program beyond the 24 months divided by 5 youth).

c. What number and percent of youth stepped down from group home residential placement to a lower level of care during the reporting period? Of those youth who stepped down, what number and percent returned to group home residential care? For any youth who stepped down to a lower level of care and returned to group home residential care multiple times, describe the number of youth and the reasons for each movement up and down in level of care.

Of the total of 45 youth served during the reporting period, 17 youth (or 37.7%) stepped down from the residential component of RBS. Of those 17, 5 stepped back up to the RBS residential component (29%).

There were no multiple returns during the reporting period.

d. Of those youth active in RBS during the reporting period, what number and percent exited from RBS due to graduation, emancipation, voluntary closure, and other (as defined by "Current Status Code" in the RBS Days of Care Schedule)? Of those exiting as "other", describe the reasons for disenrollment.

54% exited due to graduation or emancipation (12 out of a total of 22 exits).
The remaining 10 exits were: 5 awols, 1 to incarceration at Juvenile Hall, and 4 to a higher level of care due to mental health concerns.

e. Of those youth who exited from RBS since implementation of the RBS program, what number and percent re-enrolled in RBS during this reporting period?

Since the start of the program, 1 youth re-enrolled. There were 37 exits with 1 reenrollment, or 2.7%.

f. What percent of youth utilized crisis stabilization services during the reporting period? Of those youth, what was the average number of episodes of crisis stabilization per youth? List the reasons why the crisis stabilization episode occurred:

20% of the youth active in 2013 utilized crisis stabilization (9 youth out of 45).

The average number of episodes was 1.2%

The reasons included: 7 youth returning for crisis stabilization due to safety concerns; and 2 returning due to mental health crises.

Section B - Client Involvement:

1. Using the Child and Adolescence Needs and Strengths (CANS) data provided by Walter R. McDonald and Associates, Inc. (WRMA), address the following:

a. Describe any trends indicated by the CANS data.

WRMA discontinued its involvement in the RBS pilot evaluation as of April 2013, and did not provide any county with specific data analysis for 2013. San Francisco is assuming responsibility for evaluating this data. However, the county is still in the process of determining how to move forward with data analysis.

The raw data set for the CANS WRMA provided to San Francisco did not include the variable names/definitions that correspond with the manual, so county analysts

have not been able to interpret it. In addition, the county Community Behavioral Health evaluator who was assigned to the CANS data recently left his position, which has not yet been filled.

Consequently, San Francisco has not yet been able to complete the CANS analysis for 2013, and is working with Community Behavioral Health to determine how best to move forward.

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

[ ] Yes [X] No Explain:

Please see above. Data evaluation is pending.

2. a. Complete the table below on family and youth participation in child/family team meetings during the reporting period.

Total Number Of Youth:	Total Number Of Youth With At Least One Supportive Adult During Any Part Of The Reporting Period:	Number Of Youth Participating In At Least 90% Of Their Child/Family Team Meetings:	Number Of Youth With At Least One Supportive Adult Participating In At Least 90% Of That Youth's Child/Family Team Meetings:
45	40	28	27

b. If youth did not participate, explain why not.

Reasons youth did not participate in the child and family team meeting included:

1) Youth refused to participate.

2) The nature of subject matter discussed in meeting would negatively impact the youth if present, per clinician and/or family.

3) Some youth had difficulties sitting through the entire Family Team Meeting due to anxiety, restlessness, or agitation. At times it worked better for them to be brought in at the end of the meeting, or allowed to leave half way through with a Family Specialist.

Section C - Client Satisfaction:

1. Using the Youth Services Survey for Youth (YSS) and Youth Services Survey for Families (YSS-F) data provided by WRMA, specifically satisfaction measured in Items 1-15 of the YSS and YSS-F and outcomes measured in Items 16-22 of the YSS and YSS-F, address the following:

a. Describe any trends in the data.

San Francisco examined the following RBS outcomes: 1) client and family satisfaction, 2) well-being, 3) involvement of children and their families in services planning and treatment, and 4) child and family voice and choice. This analysis was intended to answer the following question: *what was the level of satisfaction of youth and families served by RBS in 2013?"*

21 YSS and 18 YSS-F were examined. The findings suggest that both clients and their family who were served in RBS in 2013 were very satisfied with the services they received.

Outcome Mean Scores- YSS and YSS-F
(Out of 5)

Outcome	YSS (N=21)	YSS-F (N=18)
Client satisfaction	4.00 (SD=.74)	4.30 (SD=.62)
Well-being	4.10 (SD=.48)	3.98 (SD=.50)
Involvement of children and their families in services planning and treatment	4.10 (SD=.61)	4.28 (SD=.49)
Child and family voice and choice	4.10 (SD=.61)	4.28 (SD=.49)

b. Can any conclusions be made from the data? If yes, what are they? If no, why not?

[ ] Yes [X] No Explain:

The sample size was fairly small so it is difficult to draw conclusions. However, combined with information from prior years, the data suggest that satisfaction scores tend to be high and remain high over the course of treatment. Family scores tend to be higher than youth scores except for well-being.

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Section D - County and Provider Use of RBS Program:

1. a. During the reporting period, has the operation of the program significantly changed from the original design described in the approved plan? If yes, describe the change.

[ ] Yes [X] No Explain:

b. If yes, how has this adaptation impacted the effectiveness of the project?

n/a

2. During the reporting period, have there been any significant differences from the roles and responsibilities delineated in the approved plan for the various county agencies and provider(s)? If yes, describe the differences.

[ ] Yes [X] No Explain:

3. Were RBS enrollments sufficient during the reporting period? If not, why not?

[ ] Yes [X] No Explain:

18 youth enrolled in the RBS program in 2013. Of these, 6 youth transferred from the RCL 12 or 14 cottage to the RBS cottage on campus and 2 more youth transitioned from a day treatment program at the RBS site. 3 additional referrals were denied due to aggression or severity of mental health issues, and 9 more referrals did not come to fruition as other plans or placement with family, etc., took place.

60 youth were enrolled in RBS from March 2011 through December 2013, surpassing the original goal of 42 youth enrolled. However, as youth stepped out into the community and completed the RBS program, there were not enough new RBS intakes to ensure the financial viability of the programs. This was particularly difficult for Seneca and St. Vincent's, to the point where at the time of this writing (April 2014), they are plan to close or have already closed their residential component of the program. Unlike Edgewood and St. Vincent's, Seneca does not have a larger residential campus program to help mitigate the loss, and for St. Vincent's, referrals to their RCL 12 have also been down which has further deepened the fiscal impact of low RBS enrollment.

Anecdotal information indicates that referrals to a number of different programs, not just RBS, were down in San Francisco in 2013, and the county is looking at ways to

ensure that appropriate referrals and service coordination occur early in the life of the case. The assessment process that is being implemented as part of the Katie A. reform will help establish this.

4. **Describe how the county and provider(s) managed RBS staff resources during the reporting period (e.g., filling vacancies, redefining job qualifications, eliminating positions, etc.)**

There have been significant staffing changes across the providers as managers within two of the programs transitioned during the course of the year. These transitions included clinical staff as well as leadership within the residential component, and were due to staff transitions (transferring to new divisions, leaving the agency, etc.) rather than anything inherent within the RBS model.

The agencies have also worked to embed the family finding more firmly throughout the RBS program. In particular, Edgewood implemented some key changes which led to better participation in family team meetings. Edgewood contracted with Family Builders to collocate one of the Family Builders staff at Edgewood. This resulted directly in an increase in treatment participation and Family Support Team (FST) attendance by extended family and other natural supports.

The parent partner role remains a vital and integral part of the programming, but one of the providers has struggled with maintaining the position, and the position is currently vacant. The other two agencies have been able to utilize the parent partner in their wraparound as well as RBS programs, which has helped to stabilize and embed the position.

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Section E - County Payments to Nonprofit Agency(ies):

Note: The payments reported here are from the county records as recorded on a cash basis during the reporting period from January 1 to December 31, for all providers participating in the RBS demonstration project.

1. For Questions a through c, please complete the table below:

a. Report the total payments from all fund sources paid to the provider(s) for RBS during the period the report covers under each of the following:

- **Aid to Families with Dependent Children-Foster Care (AFDC-FC). (The amounts reported here should come from the amount reported under H1, amount claimed per fiscal tracking sheet. They will not be equal because H1 is cumulative for the project and F1 is only for the reporting year.)**
- **Early, Periodic Screening, Diagnosis and Treatment (EPSDT).**
- **Mental Health Services Act (MHSA).**
- **Grants, loans, other. (Itemize any amounts reported by source.)**

b. Provide the Average Months of Stay in Group Care for all children/youth enrolled in group home care during the reporting period.

c. Provide the Average Months of Stay in Community Care for all children/youth enrolled in community services (not in group home) during the reporting period.

	AFDC-FC	EPSDT	MHSA	Other	Total
Amount Paid for Residential	**$1,471,779.67**	**$ 227,202.00**	**$0.00**	**$0.00**	**$1,698,981.67**
Amount Paid for Community	**$534,634.35**	**$23,681.00**	**$0.00**	**$0.00**	**$558,315.35**
Total Amount Paid	**$2,006,414.00**	**$ 250,883.00**	**$0.00**	**$0.00**	**$2,257,297.02**
Avg. Length of Stay in Residential	**3.85 months**	**-**	**-**	**-**	**3.85 months**
Avg. Length of Stay in Community	**4.71 months**	**-**	**-**	**-**	**4.71 months**

Avg AFDC-FC Payment Per Youth in Residential	**$10,321.00**	**$5,048.93**	**$0.00**	**$0.00**	**$15,369.93**
Avg AFDC-FC Payment per Youth in Community	**$4,052.00**	**$526.24**	**$0.00**	**$0.00**	**$4,578.24**

***PLEASE NOTE:

Calculations and the associated averages for section E were made using the total number of active RBS clients (39) for 2013. However, it is important to point out that some of these youth were only active for weeks or months during this calendar year. As a result the numbers may be skewed.

Further analysis could be done by dividing the total number of days of care for 2013 (days) by 365 to get the number of clients served for a full year. In this case there would be 23 clients used to compute this section (instead of 39), the average lengths of stay would be greater, and the costs would be more as well.

2. Were any changes made to the Funding Model in order to manage payment shortfalls/overages, incentives, refunds during the reporting period? If yes, explain what the changes were and why they were needed.

[ ] Yes [X] No Explain:

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Section F - Actual Costs of Nonprofit Agency(ies):

Note: The amounts reported here should be based on each provider's accounting records for RBS for the period from January 1 through December 31, and be on a basis consistent with the method used to report costs on the annual A-133 Financial Audit Report and SR3 document filed with CDSS.

1. a. For residential costs, complete the table below displaying provider actual costs during the reporting period, compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project.

Note: This chart follows the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11, dated August 16, 2011).

Actual Costs in RBS Residential:

Expenditures:	Proposed Budget for the Period	Actuals for the Period	Over/(Under) Budget
Total Salaries & Benefits	$205,498.00	$2,353,965.00	$2,148,467.00
Total Operating Costs	$339,384.00	$367,781.00	$28,397.00
Total Child Care & Supervision Costs	$895,440.00	$1,437,881.00	$542,441.00
Total Mental Health Treatment Services Costs	$667,917.00	$1,283,865.00	$615,948.00
Total Social Work Activity, Treatment & Family Support Costs	$0.00	$0.00	$0.00
Total Indirect Costs	$245,612.00	$349,200.00	$103,588.00
Total Expenditures	$2,353,851.00	$5,792,692.00	$3,438,841.00

c. Does the difference between the actual provider costs and the proposed budget exceed 5 percent on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

[X] Yes [ ] No Explain:

The total provider costs were 146% over budget

Youth exceeded the targeted length of stay for the residential program across all three providers. This occurred for multiple reasons, including the need for crisis stabilization which impacted the total residential placement time, disruptions with the particular step-down plans and the need to return to the residential component until an alternate plan could be made, lack of housing for identified caregivers, and legal challenges which prohibited timely step down.

2. a. For community costs, complete the table below displaying provider actual costs during the reporting period, compared to the RBS proposed budget included in the approved Funding Model. If there is more than one provider in the demonstration project, combine the individual provider data into one table for the project.

Note: This chart follows the SR-3 financial report. Definitions are listed in the instructions (RBS Letter No. 04-11, dated August 16, 2011).

Actual Costs in RBS Community:

Expenditures:	Proposed Budget for the Period	Actuals for the Period	Over/(Under) Budget
Total Salaries & Benefits	$102,435.00	$724,306.00	$621,871.00
Total Operating Costs	$190,926.00	$115,085.00	($75,841.00)
Total Child Care & Supervision Costs	$138,982.00	$358,383.00	$219,401.00
Total Mental Health Treatment Services Costs	$614,173.00	$481,009.00	($133,164.00)
Total Social Work Activity, Treatment & Family Support Costs	$0.00	$0.00	$0.00
Total Indirect Costs	$125,573.00	$106,929.00	($18,644.00)
Total Expenditures	$1,172,089.00	$1,785,712.00	$613,623.00

c. Does the difference between the actual provider costs and the proposed budget exceed 5 percent on any line item above? If yes, explain what caused the variance and whether this difference is expected to be temporary or permanent.

[X] Yes [ ] No Explain:

The totals exceed the budget by 52%

There are several challenges involved in providing appropriate, consistent community support for youth stepping down from RBS residential components to the community. These challenges include: distance of placements and related travel costs, response to crisis or urgent situations, and the intensive team work with both the family and community agencies necessary to ensure good transitions to the community for these youth, all of whom have high needs.

San Francisco does not expect the budget to remain at such a high variance, but it is unclear if there will still be some excessive variance going forward.

3. Were there extraordinary costs associated with any particular child/youth (i.e., outliers as defined in the Funding Model)? If yes, provide the amount of the cost and describe what it purchased.

[ ] Yes [X] No Explain:

4. Has the county performed the fiscal audit required by the memorandum of understanding? If yes, describe any problems/issues with the provider's operations or implementation of the Funding Model that were disclosed by the fiscal audit performed. If no, when will that audit occur?

[X] Yes [ ] No Explain:

The audit was conducted in the fall of 2013. The most significant finding was that the case notes need to be more clear about the RBS component (residential or community) at the time of a particular service delivery. As a result, the providers will do the following:

1. Put all placement change forms in the client's chart or file. This is the minimum expectation, given the identified concern.
2. Indicate in the progress notes the placement component of the child at the time each of those services is provided. This is a recommended action step.
3. May include an attendance sheet in the chart or file as well. This step is not mandatory.

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Section G - Impact on AFDC-FC Costs:

1. This is a cumulative report from the beginning of the project. Amounts reported are based on the amounts included in the claim presented to CDSS. Using the RBS claim fiscal tracking sheets, please complete the information below for all children served by RBS from the start of the project to the end of the reporting period:

RBS Payments for All Children Enrolled in RBS from the start of the project through the end of the Reporting Period:

Total Children Served In RBS: 60	**Total:**	**Federal:**	**State:**	**County:**
Federal Payments:				
Residential:	**$3,195,742.79**	**$1,461,403.00**	**$693,736.00**	**$1,040,603.79**
Community:	**$707,797.80**	**$110,183.00**	**$238,834.00**	**$358,780.80**
Total Federal Payments:	**$3,903,540.59**	**$1,571,586.00**	**$932,570.00**	**$1,399,384.59**
Non-federal Payments:				
Residential:	**$797,375.12**	**$69,749.40**	**$279,095.00**	**$448,530.72**
Community:	**$309,678.87**	**$0.00**	**$123,907.00**	**$185,771.87**
Total Non-federal Payments:	**$1,107,053.99**	**$69,749.40**	**$403,002.00**	**$634,302.59**
Total RBS Payments	**$5,010,594.58**			

Note: It is possible to have federal funds used in the Non-federal Payment (i.e., non-federal RBS children) category. These payments would be the federal share of any Emergency Assistance Funding used in the RBS program up to the first 12 months of a child's stay in RBS. The amounts reported would come from the non-federal fiscal tracking sheet, and are based on the instructions provided in RBS Letter No. 03-11, dated June 21, 2011.

2. **Of the children reported in G1 above, please complete the information below for all children who successfully entered and exited RBS in 24 months, or remained in RBS for a full 24 months.**

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Note: When completing G2, it is important to understand how G2, G3, and G4 work to form the comparison to regular AFDC-FC costs. Section G4 is a comparison of cost for those children who have completed RBS (from G2) to the cost of regular foster care based on the target group base period (G3). In this context, a child "completing RBS" is one who has either entered the program and then exited after successfully completing his/her RBS program goal, or one who has entered the program and remained in the program longer than the base period (24 months). The comparison in Section G4 is done only for those children who have successfully completed the RBS program goal or are still in the program at the 24 month mark. The count of children for Section G2 and the related costs are only for those children who have completed the RBS program or remained in RBS longer than 24 months. For example, a child entering RBS who remains in the program for only 3 months and then is disenrolled would not be included in G2. A child entering RBS and still in the program at month 26 would be included in G2.

RBS Payments for all Children Entering and Exiting RBS in the 24 month Period or remaining in the program for longer than 24 months. (Include all children meeting this condition from the beginning of the project.):

Total Children Completing RBS: 18	**Total:**	**Federal:**	**State:**	**County:**
Federal Payments:				
Residential:	**$1,219,637.56**	**$621,707.18**	**$232,039.11**	**$365,891.27**
Community:	**$442,860.01**	**$224,813.41**	**$85,188.60**	**$132,858.00**
Total Federal Payments:	**$1,662,497.57**	**$846,520.59**	**$317,227.71**	**$498,749.27**
Non-federal Payments:				
Residential:	**$207,488.70**	**$0.00**	**$82,995.48**	**$124,493.22**
Community:	**$188,846.93**	**$0.00**	**$75,538.77**	**$113,308.16**
Total Non-federal Payments:	**$396,335.63**	**$0.00**	**$158,534.25**	**$237,801.38**
Total RBS Payments:	**$2,058,833.20**	**$846,520.59**	**$475,761.96**	**$736,550.65**

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3. Using the approved Attachment A from the Funding Model and the number of children reported in G2 (above), complete the information below regarding the expected base Foster Care costs for RBS target population children that otherwise would have been served in Foster Care.

Note: Since Section G3 of the CAR is used to compare the base AFDC-FC rates had the RBS youth remained in regular foster care, the "Approved Base Rate Per Child" is the weighted average of AFDC-FC payments for Rate Classification Level (RCL) 12 and RCL 14 placements as described and approved in the Funding Model. The "Approved Base Months in Regular Foster Care" section is the approved comparison length for the RBS youth had they remained in regular foster care. For all RBS counties, the approved base months in regular foster care is 24 months, based on the demographic for the current length of stay in a group home for the target group. The "Applicable Federal Funds Rate" is the percentage of federal funds rate based on the federal medical assistance percentage (FMAP) used in the RBS claim. The CAR template has this FMAP funding rate pre-loaded at 50 percent because all of the RBS Funding Models used the pre-American Recovery and Reinvestment Act (ARRA) FMAP rate of 50 percent for approval purposes. However, because Section G1 of the CAR instructs counties to use financial costs based on the RBS Fiscal Tracking sheets, counties must use the ARRA rate in effect for that month and quarter. For the months through and including December 2010, the ARRA rate is 56.2 percent. For the months beginning January 2011, the ARRA rate will decline until it reaches 50 percent beginning July 2011. Details on the ARRA rates used in the RBS claim are in an RBS claim letter. In order to produce a correct comparison of costs between sections G1, G2, and G3, whatever federal funds rate is used in Section G1 should be the same rate used for G2 and G3.

Note: If zero have completed, enter zero for this reporting period comparison.

AFDC-FC Base for Comparison:

Approved Base Rate Per Child:	**$8,445.50**	
Number of Children Completing RBS:	**18**	**(from H2, above)**
Approved Base Months in Regular Foster Care:	**24**	
Applicable Federal Funds Rate:	**0.5**	

	Total	**Federal**	**State**	**County**
Base Payment for Target Group:	**$3,648,456.00**	**$1,824,228.00**	**$729,691.20**	**$1,094,536.80**

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4. a. For those children who have completed the RBS program, using the information from G2 and G3 above, subtract G3 from G2 and complete the following information:

County	Total	Federal	State	
RBS Incremental Cost/(Savings)Based On Program Completion:	**($1,589,622.80)**	**($977,707.42)**	**($253,929.23)**	**($357,986.15)**

d. What aspects of operating RBS contributed to the cost/savings compared to regular Foster Care?

Youth exceeded stays in the residential component and this primarily accounts for the variance. Please refer to Section F above, which describes how RBS required extensive programmatic supports and the subsequent costs.

5. Has EPSDT usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it's different.

[X] Yes [X] No Explain:

The costs are higher and average more than both SB163 wraparound EPSDT costs as well as residential treatment EPSDT. Spending across the RBS providers is very different. CBHS conducted a further analysis of the RBS EPSDT expenditures and established an average cost/client based upon the actual billing from the previous year.

6. Has MHSA usage changed when compared with the typical usage by similar children/youth in traditional foster care? If yes, explain how it's different.

[ ] Yes [ ] No Explain:

N/A – there is no MHSA money used in RBS.

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Section H - Lessons Learned:

1. Describe the most significant program lessons learned and best practices applied during the reporting period.

Lessons learned in the 2013 reporting period were consistent with previous reporting periods and underscored the continued commitment and support necessary in fully implementing the model, particularly around family finding and engagement practices.

Significant lessons learned included:

1. Sustained and committed leadership

   Effective, consistent and continuous leadership provides the foundation for program success. Gaps in leadership due to personnel changes or an extended hiring process can negatively affect staff performance and program effectiveness.

2. Referral and intake process:

   a. Referrals were significantly down in 2013, and of these, not all were appropriate for or accepted into the RBS program. This impacts the ability of the providers to successfully execute the program.

   b. Intake process needs to discuss permanency and other expectations with the family prior to accepting the youth into the program.

   c. Clients who presented with frequent running behaviors were typically unsuccessful in an urban program due to the location and structure of the program (e.g., easy access to bus lines); agencies thus became more discriminating with client referrals.

3. Committed and continual family engagement and partnership:

   a. Continued early and aggressive family finding efforts and related concurrent planning

   b. Regular FST meetings and involvement of family members early, and often, in the program

   Family Finding and Permanency Efforts continued to require extensive energy and commitment from all providers, particularly given the short timeframes to expedite transitions to community placements. Particular lessons learned in this area included:

- Edgewood's concentrated efforts to expand natural supports for RBS families/clients via the Permanency Social Worker/Family Finding efforts. Edgewood contracted with Family Builders to collocate one of the Family Builders staff at Edgewood, which increased program effectiveness. Specifically, Edgewood saw an increase in treatment participation and Family Support Team (FST) attendance by extended family and other natural supports in the last six months.

  Edgewood's RBS program thus increased participation of natural supports (nuclear family, relatives, family friends, community supports) in treatment planning. This is best illustrated in a breakdown of FST attendance. In 49 FST's in the past year, 31% of attendees were natural supports and 69% were formal supports (social service professionals). This is in contrast to 2012, when 17% of FST participants were natural supports and 83% were formal supports.

- The importance of having a realistic appraisal of potential families for clients prior to enrollment is critical. St. Vincent's noted that it is very difficult to find and educate a family in five or six months, and they have found that their whole program works more effectively if the family is identified in advance and if the identified family is able to utilize services effectively.

- The need for concurrent planning is tantamount; all providers have experienced times when a family is identified but can't, for one reason or another, utilize the services offered very effectively. In 2013, as previously, there were situations in which staff's efforts toward permanency work were continually being sidetracked despite best intentions and effort.

4. <u>Clear roles and expectations for staffing:</u>

   Having the Clinical Care Coordinators hold both the case management and individual/family therapy responsibilities should continue to be examined, as challenges continue to arise from conflicts in the two roles given the extent of family contact. Most problematic is the challenge of maintaining a therapeutic relationship, while also being placed in a "gate-keeper" role. Seneca brought on a therapist in the last year to hold the individual and family therapy for their RBS program; this staffing plan will be explored for Edgewood in the coming year.

5. Individualized treatment plans, portable interventions, and support for community placements:

    a. Providers need to be creative in striking a balance between enacting a pre-existing, static program structure (schedules, rules, consequences, and privileges), and having enough adaptability/fluidity within the program to meet the differing needs of `families and clients. For example, Seneca learned they needed to change some policies to reflect the homes the clients would be transitioning to, with the biggest change being the grounding policy. The grounding policy now is dependent on the scale of the offense and involves more processing with family and staff. Seneca also changed its elopement policy to create a more individualized response to each client and situation

    b. Regression at the anniversary of placement and nearing discharge is to be expected and should be announced and planned for; otherwise, the recurrence of presenting symptoms becomes demoralizing for everyone.

    c. Respite is incredibly important for these clients and the respite families should be identified and included at the very beginning of treatment.

    d. Seneca learned that its on-call administration system wasn't effective due to the administrators coming from all San Francisco Seneca programs and therefore not being familiar with clients and families. To address this, the agency created an internal administration on-call system with the internal administrative team, which consists of the program supervisor, care coordinators, overnight manager, and therapist.

2. Describe the most significant fiscal lessons learned and best practices applied during the reporting period.

Significant fiscal lessons in 2013 learned included the following:

1. Financial Model: The assumptions behind the financial model do not meet actual expenses. Assumptions regarding length of residential stay and community based costs do not result in adequate financing. This has put the viability of the program significantly at risk.

San Francisco has conducted a fiscal analysis to determine actual expenditures for the county which resulted in an increase in the initial cost estimate of an average of $122,500 per child per 24 month period to $156, 407. The providers' actual expenditures were above this amount.

2. Mental Health Billing: it is important to successfully capture appropriate billing for mental health services delivered by the entire RBS team. Providers negotiated with Community Behavioral Health Services to increase EPSDT contract amounts to provide appropriate mental health assessment and intervention to children and youth in the RBS program.

2. Referral and census: Regular referrals are important for fiscal stability. Hiring for required positions in the model demands a certain number of clients at any point in time.

Factors beyond the individual client, and largely out of the control of the provider agency, continue to play a role in discharge from residential care (e.g. legal issues, housing/logistic issues, caregiver capacity and readiness, availability of a viable permanent placement, etc.), resulting in extended lengths of stay and limited capacity to increase enrollment (i.e. with a cap of 6 clients in residence, treatment slots for new clients are limited). This has resulted in lower than expected community census, making community based less efficient.

3. Documentation: Successfully meeting documentation expectations requires ongoing investment in staffing levels, staff training and supervision, and resources (computers, sufficient office space, etc.)